

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing      OR      ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

LittleT-1

First Named Inventor

Lori A. Kock

**COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**MAT FOR VISUAL ARTWORK AND METHOD OF MAKING SAME**

*(Title of the Invention)*

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION — Utility or Design Patent Application**Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address belowName **Susan M. Cornwall**Address **8740 Waumegah Lake Rd**City **Clarkston**State **MI**ZIP **48348**Country **USA**Telephone **(248) 625-9583**Fax **625-9583**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR : ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any)) **Lori Ann**Family Name  
or Surname **Kock**Inventor's  
Signature *Lori Ann Kock*Date **3-17-04**Residence: City **Clarkston**State **MI**Country **USA**Citizenship **USA**Mailing Address **9745 Ellis Rd**City **Clarkston**State **MI**ZIP **48348**Country **USA**NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle (if any)) **Lodonja Ann**Family Name  
or Surname **Fisher**Inventor's  
Signature *Lodonja A. Fisher*

Date

Residence: City **Kalamazoo**State **MI**Country **USA**Citizenship **USA**Mailing Address **5594 South First Street**City **Kalamazoo**State **MI**ZIP **49009**Country **USA**☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	Parent: 10/080, 051
Filing Date	Parent: 2/21/2002
First Named Inventor	Lori Ann Kock
Title	MAT FOR VISUAL NETWORK AND METHOD OF MAKING SAME
Art Unit	PARENT: 3611
Examiner Name	PARENT: G. Hoge
Attorney Docket Number	LiHeT-2

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Susan M. Cornwall	32,610

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Susan M. Cornwall				
Address	8740 Waumegah Lake Rd.				
Address					
City	Clarkston	State	MI	Zip	48348
Country	USA				
Telephone	(248) 625-9583	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	LORI ANN KOCK		
Signature	Lori Ann Kock		
Date	MARCH 17, 2004	Telephone	248-620-3842

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	Parent: 10/080,051
Filing Date	Parent: 2/21/2002
First Named Inventor	Lori Ann Kock
Title	MAT FOR VISUAL NETWORK AND METHOD OF MAKING SAME
Art Unit	PARENT: 3611
Examiner Name	PARENT: G. Hoge
Attorney Docket Number	LITTE-2

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Susan M. Cornwall	32,610

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	Lodonia A. Fisher		
Signature	Lodonia A. Fisher		
Date	3-21-04	Telephone	269-544-2579

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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